

Guidance Regarding Protective Oversight  
DRAFT  
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**Purpose**

The purpose of this correspondence is to provide clarification and guidance to case managers on authorizing the provision of Protective Oversight to clients in Consumer Directed Attendant Support Services (CDASS).

**Background**

The rules set forth at 10 CCR 2505-10 Section 8.510.3.B.2.1 states that Personal Care can include the provision of Protective Oversight to a client in CDASS when the “client requires supervision to prevent or mitigate disability related behaviors that may result in imminent harm to people or property.”

The Department of Health Care Policy and Financing (Department) and the Participant Directed Programs Policy Collaborative (PDPPC) were requested to provide guidance on Protective Oversight to ensure consistent interpretation and implementation of the service.

**Procedure or Information**

The following clarifies the definition of Protective Oversight:

- The definition of Protective Oversight shall be interpreted to include preventing harm to self as well as preventing harm to others and property.
- Imminent harm means the client’s disability related behavior will, or is likely to, cause harm or injury at any moment.
- Disability related behavior does not exclusively mean a challenging behavior (e.g., physical aggression), but can also include other actions of the client that are directly related to his or her disability, which puts the client, others, or property at imminent risk of harm

When considering whether or not to authorize Protective Oversight for a client receiving CDASS, the case manager should evaluate each situation individually and ensure the service is authorized only when necessary to address a disability related behavior. In an effort to determine if the behavior is related to the client’s disability, it may be necessary to request additional documentation from the client’s physician or other medical professional such as a psychiatrist or neurologist. Behaviors that are not related to the client’s disability cannot be used as justification for the provision of Protective Oversight. Additionally, Protective Oversight shall be authorized only for periods of time the client requires active support and not during times of sleep, or absence of a documented history of a behavior or action that places the client at risk for imminent harm to self, others, or property.

When Protective Oversight is authorized, the case manager shall document in the Service Plan the specific need and the behavior that justifies the need for the service. The same considerations for extraordinary care apply to Protective Oversight as other services. As a reminder, claims cannot be submitted for Protective Oversight when a client is in the hospital or on the same day and time as the provision of another service.

This guidance applies only to the Protective Oversight defined at 10 CCR 2505-10 Section 8.510.3.B.2.1. Additional guidance regarding Protective Oversight defined at 10 CCR 2505-10 Section 8.489 is forthcoming.

If you have any questions regarding CDASS or Protective Oversight, please contact Candie Dalton at 303.866.2755 or [Candie.Dalton@state.co.us](mailto:Candie.Dalton@state.co.us).